

ATIKOKAN

GENERAL HOSPITAL

2007-08 Annual Report



From the Chair of the Board and the Chief Executive Officer....

The end of every year is the beginning of another - an opportunity to, not only remember and celebrate achievements, but also look forward to the future. "The future belongs to those that believe in the beauty of their dreams." – Eleanor Roosevelt.

Throughout the pages of the 2007/08 Annual report you will read about many of our achievements told through the stories of the people of Atikokan General Hospital – patients, residents, families, donors, staff, medical staff and volunteers. As we move forward to embrace the changes and challenges ahead, we will continue to rely on those who have taken us this far.

In October 2007 the hospital board began a new strategic planning process. This was an inclusive process that involved our Board of Directors, hospital and medical staff, stakeholders and partners, and other members of the community. Through this process the following six strategic directions for the Atikokan General Hospital from 2008 through to 2011 were developed and recently approved:

- Plan for the Future
- Develop our Staff and Volunteers
- Strengthen our Leadership
- Maintain and Grow Partnerships
- Promote Health Lifestyle
- Focus on Quality Care and Patient Safety

Following and implementing these strategic directions will definitely build a strong foundation for the Atikokan General Hospital in future years.

Educational opportunities for both our Board and Staff have been a priority for us this past year. The hiring of a Nurse Manager/Clinical Practice Leader and OHA's Governance Centre of Excellence have ensured numerous opportunities for all.

For the third year in a row, the hospital has finalized its 2007/08 fiscal year in a balanced (surplus) financial position. This achievement is very noteworthy and is because of the collective efforts of our staff, volunteers, donors, physicians, management and board.

The government of Ontario and the Minister of Health and Long Term Care have been very clear about their support for small hospitals. A couple of years ago, Minister Smitherman spoke very clearly and at length about the value of small hospitals and their "bright future."

March 2008 we participated in Accreditation Canada's new accreditation program called Qmentum...Taking quality to new heights™. Final results are not yet available, but judging from the debriefing and Preliminary Report, we are expecting and looking forward to an exceptional outcome.

On April 1, 2007, the Northwest Local Health Integration Network (LHIN) assumed full responsibility for planning, funding and integrating health services in their geographic area. As a result of this devolution of authority from the Ministry of Health and Long Term Care, the NW LHIN assumed the Ministry's rights and obligations under substantially all of the current funding and accountability agreements with our hospitals.

New guidelines were developed by the LHINs and the Accountability Agreements negotiated and signed with them for two fiscal years, 2008/09 and 2009/10. This new process was indeed challenging for most hospitals in Ontario and as a result, very few hospitals were able to sign their agreement without including conditions. Because of Atikokan General Hospital's strong financial position, we were one of the few (19%) able to sign without conditions.

2007/08 was indeed a very busy year and this report to our community is an opportunity to celebrate our achievements and accomplishments of the past year. Once again we want to express our sincere thanks to our Board, our Staff, our Medical Staff, our Volunteers, our Foundation and our Community for all their encouragement and support. We look forward to that continued encouragement and support in the years ahead.

Robert G. Wilson, CIM, CHE
Chief Executive Officer

Joan T. McIntosh
Board Chair



Lunch is on! Atikokan General Hospital dietary workers Sandy Cenerini, Val Bolen and Jill Leduchowski are shown here preparing and serving lunch, on this day a tasty helping of lemon pepper cod, mashed potatoes and corn.



The personal touch is evident in everything that comes out of their kitchen

(From The Progress, January 2007)

By Jacqueline Boileau

When is hospital food not hospital food? When it's prepared with the care and commitment to quality Atikokan General Hospital offers its residents, patients and out-patient clients... when it not just tastes good, but is good for you!

The sunny lower level kitchen sends out an average of 123 meals each day, plus Meals on Wheels, and unlike many other facilities across the country, all the meals are made onsite from fresh, wholesome ingredients - for instance, staff peel and cook about 120 pounds of potatoes a week. The kitchen also caters committee meetings, stocks the staff vending machine and provides meals for staff at \$4 each, and it offers guest meals for family members in extreme situations such as patient vigils.

The dietary budget, including food stores and wages for four full-time and four part-time employees, amounts to \$440,000 annually, and dietary lead hand Krystyna Bednarski, who has been with the hospital since 1981, is proud of the meals they produce.

"We have some drawbacks because we're isolated but we have some benefits because we're more home-like; we still have the capacity to treat people as if they were at home. We have only 41 beds here total; we can easily cook for that number," Bednarski said.

Patients and residents are given two choices at every meal, and the kitchen operates on a five-week rotating menu so there is plenty of variety. Lunch last Thursday was lemon pepper cod, mashed potatoes and corn. In keeping with the personal service, one fellow can't eat corn so they heated up some peas for him.

Compliments a ray of sunshine

Dietary staff are highly experienced and committed to their work: Bednarski has been with the hospital for 26 years, Jill Leduchowski 18 years, Sandy Cenerini 16 years and Val Bolen nine years. Part-time workers Carrie Savoie, Shelley Hrynuik, Holly Gosselin and Sherri Manford fill in where needed and the end product is a stream of healthful, appetising meals.

"We get compliments quite regularly and it's usually from people who have been transferred here from other hospitals - then we get compliments like crazy, and it's such a good feeling. [One patient] sent us lovely notes every day. We were looking forward to it each day to see what he'd say. [When he was transferred back here], we sent him a welcome home note."

Bednarski saved the notes, which had been written on the tray's paper place mats: 'Much better than Thunder Bay,' 'Just like Mom used to make - most excellent,' 'I licked the plate' and 'Wow! need I say more?'

The few complaints they receive about the food are in the nature of 'oh no, chicken again?' or come from visitors who don't understand the complexities of cooking for varied needs. There are 16 residents in the ECW plus six chronic patients, and about half-a-dozen regular patients. Everyone receives the same basic meal (with some special diets) served pureed, minced, cut or whole, but there are some foods that just don't fit well with the majority needs.

"Old people can't have fresh fruit [and salad] because it's hard to bite and digest. People don't have teeth or they can't chew it; even if we put lettuce on sandwiches, they have problems [but they still] get vegetables. We go by the Canada Food Guide."

Meals for patients are sent up-stairs on trays, but dietary workers personally serve ECW residents at communal tables so it is more like home. They open creamers, stir in sugar or tuck in clothing protectors, and with so many people to look after they appreciate the help they get from visitors.

"We put sugar in their coffee - we know what they like more than anyone else. For instance, there's a table of ladies and one doesn't like potatoes and another has just a teaspoon of potatoes. We're fortunate when family members come in to help; they're more patient because they have only one person to care for."

As soon as the food is distributed and everyone is taken care of, dietary staff head back to the kitchen to start preparing supper. Nursing staff wipe the tables clean and send the dishes down to Dietary to be washed in time for the next meal.

Frozen peas - not people

The dietary department will be getting new refrigerators soon to replace the original equipment, and the entire cold and frozen storage area will be expanded. The cost will be about \$200,000, but because of concerns about a world-wide pandemic, funding help is available (isolated hospitals like AGH must have 30 days' worth of food on hand in case supplies can't make it to town, or the hospital itself is quarantined).

"It's the last of the original equipment. It's time [to replace it]; just before Christmas, everything was frozen. We lost everything."

Frozen food isn't the only problem with the current set-up. To get to the freezer you have to go through the refrigerator room,

and once, a worker was accidentally locked in while fetching something from the freezer. Another worker had opened the fridge room door, saw the freezer door was open, and shut it without checking to see if anyone was inside. Then she walked out of the fridge, closing the door behind her. Due to sealing problems with the freezer door, the panic button (which allows anyone inside to get out) didn't work, and the worker was sealed away behind two doors in the intense cold.

The consequences could have been disastrous had not Bednarski happened to go into an adjoining storeroom and hear her pounding to get out. She immediately freed

"The staff who work here, we don't appreciate enough what they do. They go beyond what their job calls for and it's easy to take it for granted. They are special."

her and now, everyone is very careful around the freezer.

"I was in the day stores room and I could hear pounding. Then we asked 'where's [our co-worker?]. She fell into my arms, just bawling."

While the boss was away...

Working over a hot stove all day can be a challenge, but thanks to the clear-sightedness of former head nurse Evelyn Ashford, today's dietary workers labour in relative comfort.

"In 1981 [administrator] Fred Chomyshyn was away on holidays and Evelyn Ashford was in charge. She came into the kitchen and we were sweating profusely [from the summer heat], ready to faint from the heat. She said 'Well, we have to do something about this' [and ordered us air conditioning that day]. Was Fred ever upset! But we were so thankful; we thank her on bended knee. Thanks to Evelyn Ashford, the kitchen has had air conditioning ever since."

Dietary staff labour over hot stoves all day, chop enough vegetables to fill a garden plot, and serve their nourishing meals with pride and affection. The personal touch is evident in everything that comes out of their kitchen, including special napkins on holidays such as Mother's Day, slices of birthday cake for recipients of Meals on Wheels, and birthday cards for residents, signed by every dietary worker.

Maurice Chabot comes in regularly to assist his mother and sister, and he notices and greatly appreciates the special care his family gets.

"The staff who work here, we don't appreciate enough what they do. They go beyond what their job calls for and it's easy to take it for granted. They are special," Chabot said.



AGH Board of Directors 2007-08

(front) Dr. Stephen Arif (president of the medical staff), Cheryl Fairbairn, Board chair Joan McIntosh, Board vice-chair Gord Waldie, Chief of Staff Dr. Joanne Spencer. (back) Vic Prokopchuk, Councillor Marj Lambkin, Louise Sawchuk, CEO Robert Wilson, Cecile Davidson, Donna Kroocmo, Lorraine Zacharias, Marlene Davidson.



Checking the pulse

Ontario Power Generation dipped into its corporate citizenship program fund to support the AGH Foundation with \$25,000 earlier this year. The money helped the hospital purchase a pair of first-rate heart monitor/defibrillator units, the Lifepak 12. AGH patient services director Wayne Smith said the new units are several generations ahead of what the hospital had been using. Pictured here are Derrick Brooks, OPG plant manager, Northwest Fossil; AGH CEO Bob Wilson; Atikokan Generating Station manager Ed Enge; and AGH Foundation chair Judi Simmons.

A little more than just good luck 90 years' worth of top-notch medical and dental care

(From *The Progress*, March 2008)

M. McKinnon

Good luck is the residue of good design, to paraphrase Branch Rickey, one of baseball's all-time great general managers. And when it comes to its medical community, Atikokan has enjoyed some very good luck.

Earlier this year, Atikokan General Hospital saluted four physicians and one dentist who, as a group, have served this community for 90 years: Dr. Ken Sawchuk (35 years), Dr. Stephen Arif (20 years), Dr. Joanne Spencer (15 years), Dr. Roberto Campanaro (15 years) and Dr. Carla Milo (5 years).

"Many communities in Canada, and at times Atikokan, have suffered or are suffering severe medical and dental staff shortages. Atikokan and AGH are very fortunate and honoured that these five professionals have chosen Atikokan for their home and professional practice," said Robert Wilson, CEO at Atikokan General. "We look forward to working with them for many years to come."

So what is the design that has fostered this good luck?

Interviews with these professionals the past couple of weeks point to several factors coming together here: a tradition of long service; the scope and variety of challenges a general practitioner faces in this remote setting; a supportive, collegial practice (and health care environment generally); a good clinic set-up (it's one of Ontario's first community-owned clinics); the small, friendly community; and the wilderness, and the recreational opportunities it offers.

Tradition

"We are following in some great footsteps," said Dr. Arif, referring to physicians William Grayson and Walter Kristjanson. "No other community in Northwestern Ontario that I know of had that kind of continuity of care. Towns this small that can keep doctors four or five years are fortunate. They've practiced here for their whole careers, and retired here.... That's exceptional."

For many health care professionals settling here was a decision that came slowly. All mentioned that they came with the intention of staying just a few years, or even less. (How many decades-long Atikokanites share that story of having come to this town 'for just a few years'? Atikokan has a way of growing on you...)

Dr. Sawchuk graduated with his DMD in May of 1972, and went to work with Drs. Danylchuk and Leishman in Fort Frances. They had a satellite office here, and when the only resident dentist left Atikokan the next year, Dr. Sawchuk decided to set up his own practice in Atikokan "for just a few years".

"I wanted to be my own boss," he said.

The nature of dentistry was different then, and he worked right in the hospital a lot more, often with Dr. Grayson and Dr. Jim McGlothlin, who are certified in general anesthesia. A large portion of his

See 'A good place to work', page 4

From the Chief of Staff....

Atikokan's rural hospital continues in its dedication to excellence in healthcare. This year has brought with it new projects and learning opportunities and we have continued our partnership with community organizations.

Atikokan General Hospital has completed its Strategic Plan for 2008-2011. Thanks for the input from staff and community organizations during this project. The strategic plan is now available and information is on the hospital website.

Everyone participated with enthusiasm to make the accreditation process a success. Our hospitality, integrity and creativity were apparent during the accreditation, and as one of the first rural hospitals to participate in the new process for accreditation, we have become a resource to others.

Learning opportunities continue with another cardiac training course this year. Also, to help provide further education as part of our obstetrics program, a neonatal resuscitation course was held. These are excellent opportunities to update knowledge and skills at home, using our equipment, and working with each other. We are very fortunate to now have adult and pediatric 'mannequins' which facilitate practice of procedures and 'mock codes'. The North Network has continued to be a videoconference source for education for Family Medicine Residents, physicians, staff and Board members. The medical staff continue their involvement with the Northern Ontario School of Medicine as preceptors for medical students and family medicine residents.

Community organizations have supported our hospital again this year, with donations from Ontario Power Generation to purchase a vital signs monitor and from the Legion to purchase an orthopedic treatment table for the Rehabilitation Department. As a patient and staff safety initiative, a security system for the emergency department was put in place with funding from the Ministry of Health and Long-Term Care. Also, the hospital continues its work with community members in the Health Professionals Recruitment Committee.

These accomplishments and community partnerships help to improve the services that the hospital provides.

Again this year, thank you to the locum physicians who travel to Atikokan to work with us.

Joanne Spencer, B. Eng. (Chemical), M. D.
Chief of Staff

The record speaks for itself: 90 years of medical/dental service, and counting

A good place to work - and play, and raise a family....

From page 3

hospital practice involved oral surgery, which was much more in demand at the time. Today, he still consults with medical staff, but it tends to be more on an emergency basis (facial and mouth-area injuries) or in relation to the care of ECW residents. Dr. Sawchuk continues to serve as AGH's staff dentist, and also works with the physicians and hospital staff on health care management.

Professional challenges

On a professional level, all of the docs expressed that they enjoyed the extra responsibility that comes with practice in this rural setting.

"I have practiced in the city, and it's very different here," said Dr. Milo. "The role of the family medicine doctor is much more limited in the city; the specialists run things there. The work here is a lot more varied and challenging."

Dr. Campanaro echoed that sentiment. "I was a general practitioner in a city practice for a while, and I didn't find it very interesting. Here, it's a full spectrum of practice; you're on the front line, and get to handle a lot of things you'd turn over to a specialist elsewhere. And I wanted to get out and use my skills before I lost them."

There is no shortage of broader professional opportunities here, either. All the physicians are involved in training others, through the Thunder Bay-based family residency program and the new med school. And other growth opportunities are not hard to find.

"Whenever I've been ready for a different challenge, it was there," said Dr. Spencer, who became chief of staff at AGH last year.

Collegial practice

While the opportunity to use all of their training can be an exciting challenge, it can also be daunting. That's where the collegiality of the practice here is a big factor.

"It can be scary to think you're working in a remote community," said Dr. Spencer. "But we are aware, we have confidence, that if there is a serious emergency, there is help on the horizon."

In fact, that collegiality led directly to her decision to settle in Atikokan. She first came to serve a pair of extended locums, which then grew to include covering a maternity leave. After almost a year, she felt she had become part of the team, and "it was a hard to leave". Within

a year, Dr. Spencer was back as a full member of Atikokan Medical Associates.

The collegiality starts with simple things, like the common charting room at the clinic, which gives the docs the opportunity to stay in touch with one another casually. In a bigger centre, that kind of professional contact can be surprisingly limited. ("I go to the city, and see them working away in their cubicles, cut off from everyone else..." said Dr. Arif.)

The physicians here regularly share their CME (continuing medical education) experiences with one another, and informal 'second opinions' are regularly sought out.

"For me, this has been a very satisfying work experience," said Dr. Milo. "It's a supportive environment, with excellent nurses, hospital staff and colleagues."

"We rely on each other - and all of the members of the health care team," said Dr. Spencer. "Without every member of the team, the patient won't get the care needed."

Community

The spirit in the health care field is really an extension of Atikokan's strong overall sense of community.

"If you want to be involved in things, people are very welcoming," said Dr. Spencer. "Events like the 100th Birthday, the adventure race, the Outers 40th, bring the community together, and really make it apparent how strong that sense of community is here."

"This community is a great place: lots to do, lots of fun, interesting people," said Dr. Campanaro. And Atikokan's more human-scale means that what it has to offer is far more accessible. "Even culturally, I find that I see far more here than I did when I lived in Edmonton."

The school system is strong, too - and that's an important consideration, said Dr. Spencer. "Professionals by nature are achievers, and have expectations for their children. The school programs are good - just look at the number of young people going away to university and doing well."

Dr. Milo puts it simply: "It's a good place to live."

The tradition, the rural style of medicine, the collegiality, and the sense of community all combine to make the practice of medicine in Atikokan a little

more personal, a little more caring. And that's obviously rewarding for both patient and practitioner.

"We take care of the whole person - and the whole family. We're not just taking care of one problem," said Dr. Arif. "We have the sense that we are able to help, to make a difference, in people's lives."

Wilderness

Atikokan's setting - on the doorstep of Quetico Park and the White Otter wilderness - is unbeatable, and the community is big enough, and committed enough, to offer a wide range of outdoor activities. (It doesn't hurt, either, that, in Dr. Arif's words, "This is only small Northwestern Ontario community where you can retain your sense of smell...")

Dr. Campanaro got to go on an Outers spring trip while still in the 'checking out' stage of his time here. That matched up very well with life on the B.C. coast, where he also had small town experience. (It was actually the great, sunny winters here that gave Atikokan the edge, however. That, and his wife's family connections in Winnipeg.)

"Where else could I phone my dad and say today we went cross-country skiing, and then downhill skiing, and then skating?" said Dr. Spencer. "That's what keeps me here: the wealth of opportunities, the sense of friendship, and the safe and fun community environment."

A city boy (Ottawa), Dr. Arif's first love was the outdoors, and a plane ride over the region with Garf Carson went a long way toward helping convince him the



Dr. Stephen Arif

Atikokan area had a lot of what he was looking for (at least for a year or two). That kind of approach worked for him - and continues to be the cornerstone of Atikokan's recruiting philosophy.

"Whenever I meet someone on a recruitment tour who likes canoeing, I tell them: Algonquin is like paddling the 401 compared to Quetico."

Recruitment

So where's the design in all of this?

Well, no health care professional can take credit for all these good things found in Atikokan. They're all a function of who and what we are. But all of them recognize those good things, revel in them, and put them front and centre when they are out recruiting colleagues. And that's a design that is proving to work.

"Atikokan can't compete with dollars, so we have to compete on what we have to offer," said Dr. Arif. "When Henry Vlaar recruited me, he reminded me 'You will make a good living anywhere... You need to decide where you want to be.'"



Dr. Joanne Spencer

Our vision:

Atikokan General Hospital will be a leading edge community health centre that promotes wellness and safety and provides comprehensive health services.

Our mission:

Atikokan General Hospital is dedicated to excellence in compassionate and supportive healthcare for those we are committed to serve.

Our values:

Dignity, Compassion, Integrity, Creativity, Hospitality, Learning and Growth

Celebrating friends - an annual AGH tradition

M. McKinnon

The hospital foundation thanked its supporters in musical style Wednesday evening, at the AGH Foundation's annual Celebration of Friends.

Foundation chair Judi Simmons, along with hospital board chair Joan McIntosh, presented certificates and small gifts of appreciation to the Foundation's 27 biggest supporters. This group of bronze-, silver- and gold-level sponsors includes individuals, groups and businesses.

"The government doesn't fund everything we need and use," said hospital CEO Bob Wilson. "The Foundation's support provides the little extras that help improve patient care."

Those 'little extras' include things like including a portable X-ray unit, an X-ray transport sling, an acute care med cart, a negative-pressure unit (for infection control efforts, and a pair of heart monitor/defibrillator units (Ontario Power Generation

was a major donor on the last).

The Foundation is also leading the fund-raising effort to complement the coming re-development of the hospital (extra extended care beds will be the centerpiece of that project) with an enclosed courtyard that would add a ray of sunshine to the lives of residents and patients. CEO Wilson noted the proposal for the re-development has started winding its way through the provincial approval process.

"These are not just 'keep busy' plans. They will happen; it will take a few years," he said. He is confident the community will do its part in the project. "From what I've seen of Atikokan, it doesn't matter how gloomy things are - the people of Atikokan step up to the plate."

Mayor Dennis Brown brought greetings and thanks from the Township, and constituency assistant Margaret



A friend indeed! Meta McMillan was saluted as a silver-level sponsor of the hospital at the annual Celebration of Friends. Here, AGH board chair Joan McIntosh (left) presents her with a certificate of thanks, and a small gift.

Cunningham did the same, on behalf of MP Ken Boshcoff and MPP Bill Mauro.

Lively music and sing-a-long leadership was provided by the Ramblers, a group that included Don Meilleur, Roseanne Horricks, Roy Lusignan (Deeboo), Ron Leger, and Randy Cameron, with Angelle Meilleur and Amber Hoszowski joining for several songs.

Gold sponsors: OPG Employees' Trust (i.e., donations from workers, mostly at AGS), Dr. Walter and Betty Kristjanson, the Royal Canadian Legion (benevolent fund), and Ontario Power

Generation (the company).

Silver sponsors: Dr. Roberto and Elaine Campanaro, Joan McIntosh, Walt and Millie Beyak (who again made the first official contribution for 2008), and Meta McMillan.

Bronze sponsors: St. Patrick Church Catholic Women's League, Lanny and Kim Cross, Elsa Latell, Jim and Mary Wasylenki, Rita and Howard Foshang, First Fellowship Baptist Church, CIBC (staff and corporate), Atikokan Foodland, RBC (Royal Bank, staff and corporate), TD-Canada Trust (staff and corporate).



AGH Foundation Board of Directors 2007-08

(front) Judi Simmons (chair), Louise Wilson, Joan McIntosh. (back) Robert Wilson, Linda Lindsay, Kim Cross

Volunteering pays

TD employees have a long history of supporting their communities, and the company encourages that spirit of volunteerism. Lorraine Zacharias, customer service rep at the TD-Canada Trust branch here, serves as a volunteer board member at Atikokan General Hospital, and her



service qualified the hospital's Foundation for a \$500 donation under the TD Bank Financial group's employee volunteer grant program. Zacharias presented the donation to AGH Foundation chair Judi Simmons.

From the Chair of the AGH Foundation

This year marks the fourth anniversary for the Atikokan General Hospital Foundation. Foundation Board members include Judi Simmons (chair), Kim Cross, Joan McIntosh, Gord Sheppard, Louise Wilson and Linda Lindsay. Due to employment commitments, we've accepted the resignation of Gord Sheppard, earlier this spring. His guidance will be missed.

The purpose or mission of the Foundation is to support the Atikokan General Hospital in meeting the health care needs of the community by providing financial support for the purchase of hospital equipment or improvements to the facility. Please visit our website at: www.aghospital.on.ca/foundation.

The Donor Recognition Board is constantly being updated. Donors are now recognized in categories of 'Gold', 'Silver' and 'Bronze'. Our donations for 2007 totaled over \$60,000.

The Board held two successful fund-raising campaigns with our annual Celebration of Friends December 3, 2007 and the second annual 'Today, I'm Working for My Hospital' on April 25, 2008. Proceeds from these and future campaigns will assist the Foundation with Project Courtyard. The courtyard will give our long-term care clients, patients and guests

a restful place to visit during their stay at the hospital.

The Foundation, with a generous donation from Ontario Power Generation, was able to purchase a Vital Signs Monitor and a 12-lead Defibrillator.

The Foundation will also work with community residents to explore the benefits of 'Planned Giving'. There can be many financial benefits to a personal estate when making a bequest to a charitable organization. Kelli Gothard-MacKinnon from Capital Financial Services was on hand to give us a presentation of the benefits. For more information on Planned Giving, please contact the Foundation at foundation@aghospital.on.ca or phone 597-4215 ext 350.

The members of the Board of the Atikokan General Hospital Foundation have been proud to work on behalf of the community in its support of the Atikokan General Hospital. I would like to thank our Board Members for their continued efforts and the citizens of Atikokan for their continued support and generosity. We look forward to continuing our work through 2008/2009.

Judi Simmons
Chair

Atikokan General Hospital Foundation gratefully acknowledges the following donations received between July 2007 and May 2008

in memory of
Helen Wasney
Joe & Vera Meany
Glen & Linda Fraser
Robert & Aileen Light
Margaret Shields
Dave & Carol Ogden
Annabell Moffatt
Mary Armstrong
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Larry & Maureen Knowles
Marie Warren
Harvey & Theresa Shannon

Lanny & Kim Cross
Ed & Vera Newman
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Christian Women
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John & Judy Eluik
Wassy Trudeau
Robert & Louise Wilson
Krystyna Bednarski
Marjorie Jefferson
Carl & Joan Branch
Jim Adams & Monique Robinson
Vic & Madge Prokopchuk
Paul & Pam Money
Robert Moffatt
Jean Skrenski
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Joan Hainey
Louise Sadie Holdstock
Louise Clement
Mark Shannon
Laura Russell
Ruby Miller
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Ronald & Eunice Bang
Millie Jones
Ronald & Eunice Bang
Jackie Machura
Ronald & Eunice Bang
Lenora Baxter
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Krysta Mosley
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Annabell Moffatt
Michelle Laquerre
Doug & Marlene Hoard
Dale Desserre
Ole & Florence Dyhm
Alex & Ethel Broski
Bill & Gayle Dutka
Lanny & Kim Cross
Jim & Mary Wasylenki
Eli, Wendy, Nikita & Kelsey Kempf
Brent & Robin Johnson
Henry & Maria Mason
Tim & Cheryl Fairbairn
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Margaret Shields
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Louise Clement
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Al Triege
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Local 100 Power Workers' Union
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Walter & Millie Beyak
Walter & Betty Kristjanson
Martha Romanson
Henry & Jean Wiersema
Ole & Florence Dyhm
Carl Sander
Ida Stewart
Owen & Betty Boland
Margaret Beninger
Ruth Pooley
Rodney & Carrol Whalley
Adele Lusignan
John & Barbara Bodnar
Brian & Heather McLeod
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Kathleen Modeland
Jeremy & Amanda Dickson
Melvin & Jessie Enge
Jane Pringle
Martha Setter
Paullie Fredrickson
Lil Devisscher
Charles & Heather Schmutzer
Myrna Rawn
Thunder Bay Fire Fighters Assoc.
Richard & Chris Spilchuk
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Annabell Moffatt
Louise Clement
Glasgow Homer
Annabell Moffatt
Harriet Mckay
Wassy Trudeau
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Edward Parkinson
Rodney & Carrol Whalley
Martin Perozak
Dave & Carol Ogden
Annabell Moffatt
Louise Clement
Neal Baldwin
Alex & Ethel Broski
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Wayne & Ida Docking
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All money received from donations is used to purchase vital medical equipment. All donations are tax deductible. Charitable registration # 85495 5705 RT 0001.

The Atikokan General Hospital Foundation periodically publishes names in the newspaper. We will respect your wishes if you do not want to have your name publicized. Please contact us at (807)597-4215 ext. 356 or via e-mail at foundation@aghospital.on.ca, and we will respond to your request.

2007 Employee Service Awards

The following individuals were recognized with service awards in December 2007:

Five Years: Darlene Benjamin, John Cain, Allison Durand, Candace Green, Gerry Hall, Alaina Herbert, Amber Horricks, Barbara Jackson, Dr. Carla Milo, Sandra Poulin, Susan Sampson

Fifteen Years: Dr. Joanne Spencer, Dr. Roberto Campanaro

Twenty Years: Marie Cornell, Cathy Ducharme, Val Huntley, Patti-Ann James, Gail Johnson, Roberta Kehl, Cami Lind, Dr. Steve Arif

Twenty-five Years: Betty Jo Kostesky, Liz Shine, Wayne Smith

Thirty-five Years: Dr. Ken Sawchuk



"It means more than you know" Atikokan General Hospital saluted its 67 volunteers at a special tea on Friday, April 20. "All that you do helps make this a better place for our residents and patients," said CEO Bob Wilson. "Keep up the good work - your efforts are truly appreciated."

Volunteer coordinator Lyla Collins put the contribution in perspective, talking about a member of a resident's family who told her how much her father had put into building the community as a volunteer. "What you are doing as volunteers is bringing that back to them, our residents," she said.

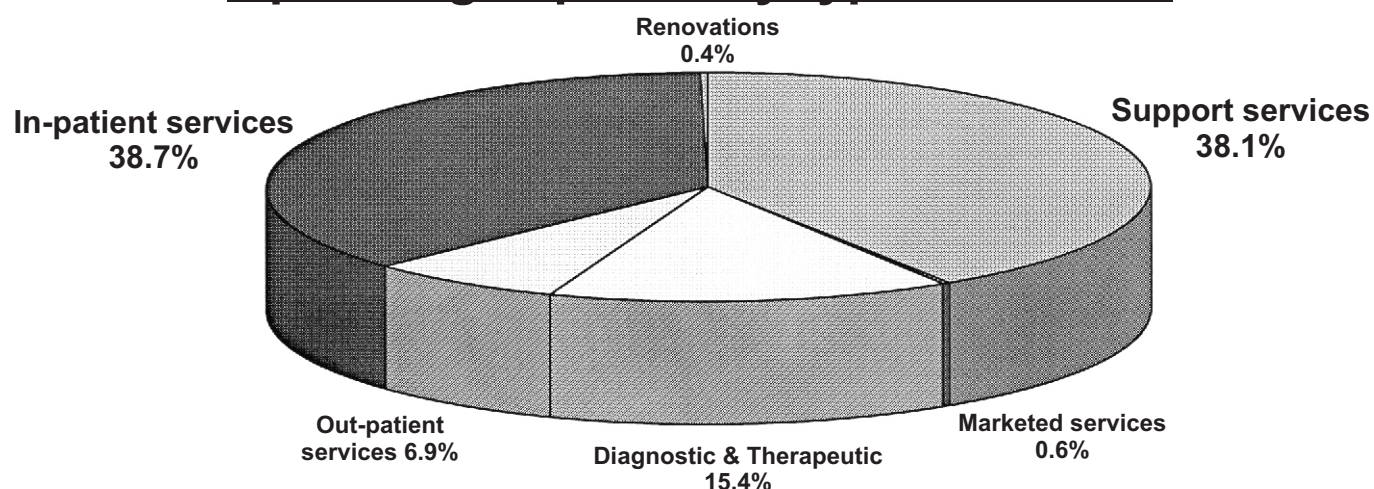
Councillor Marj Lambkin, hospital trustee Ken Stainthorpe, and patient care director Wayne Smith also offered words of appreciation for the volunteers.

Financial Statement

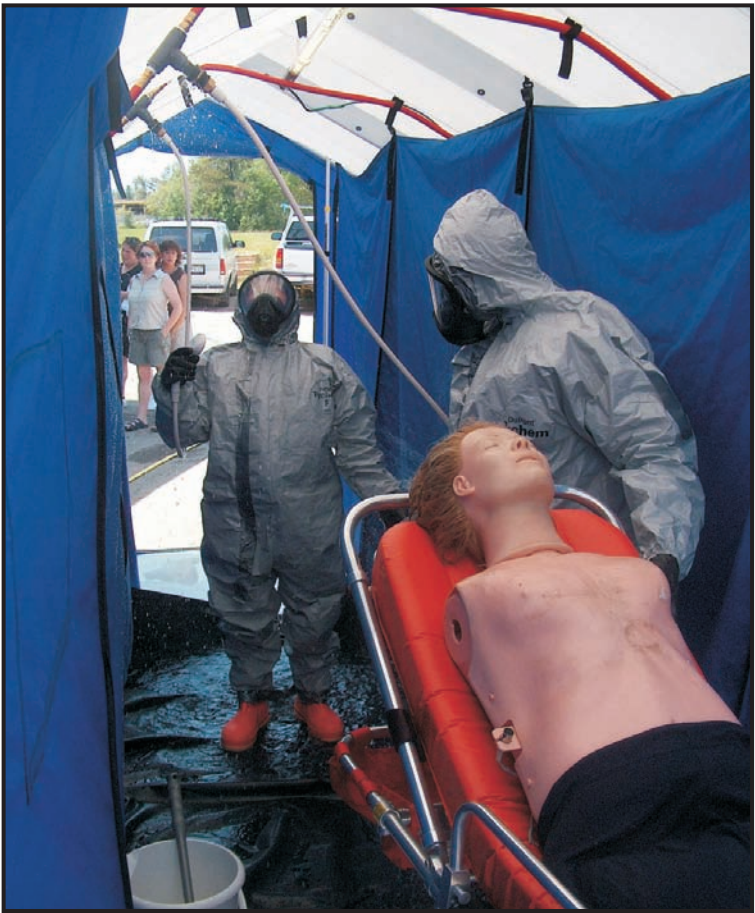
Revenue by Source	2006/07			2007/08		
Ministry of Health/LHIN Funding Allocation	\$	6,125,015	65.08%	\$	6,285,247	74.39%
Other Programs	\$	1,796,821	19.09%	\$	848,169	10.04%
Other Non-Ministry Revenue from Patient Services	\$	510,954	5.43%	\$	452,997	5.36%
Other Miscellaneous Revenue	\$	736,582	7.83%	\$	624,864	7.40%
Deferred Capital Contributions	\$	241,533	2.57%	\$	237,895	2.82%
Total Revenues	\$	9,410,905	100.00%	\$	8,449,172	100.00%
Expenses by Type of Expenditure						
Salaries & Wages	\$	4,191,390	44.54%	\$	4,308,246	50.99%
Employee Benefits	\$	1,023,513	10.88%	\$	1,072,401	12.69%
Medical Staff Fees	\$	64,437	0.68%	\$	76,761	0.91%
Medical and Surgical Supplies	\$	117,601	1.25%	\$	96,283	1.14%
Drugs	\$	156,595	1.66%	\$	129,366	1.53%
Supplies & Other Expenses	\$	1,155,570	12.28%	\$	1,178,788	13.95%
Bad Debts	\$	1,260	0.01%	\$	470	0.01%
Depreciation	\$	419,722	4.46%	\$	423,194	5.01%
Other Programs	\$	1,805,624	19.19%	\$	848,169	10.04%
Total Expenses	\$	8,935,712	94.95%	\$	8,133,678	96.27%
Surplus/(Deficit)	\$	475,193	5.05%	\$	315,494	3.73%
TOTAL	\$	9,410,905	100.00%	\$	8,449,172	100.00%

***This financial information is based on the twelve month period April 1, 2007 to March 31, 2008.*

Operating expense by type of service



2007-08



Michelle Anderson, Val Johnson,
and Liz Shine (above)
Wayne Smith (below - nice boots!)



Wayne Smith, Val Johnson and Robert Herrmann with 'Manny' - Trainer Ken Gallant looks on

Prepared for the worst

About twenty hospital, emergency services and fire rescue staff took part in decontamination training on AGH grounds June 12, 2007.

Trainer Ken Gallant guided participants through the basics of treating victims who were contaminated with chemical, biological, radiological and/or nuclear material.

One of the goals of the training is to teach health care staff how to protect their own health and safety while caring for the victims of such an incident. Air-tight suits with breathing filters have to be put on - and taken off - correctly in order to work. Proper procedure has to be adhered to in, and around, the decontamination shelter. And health care workers have to be conscious of their own physical condition while working in such

strenuous circumstances. (The 30°C temperatures on the day of the training helped remind workers of the importance of that latter point.)

We caught Michelle Anderson and Liz Shine helping Val Johnson into her decontamination suit. A 100% seal is vital, and a liberal application of duct tape is the final touch in the dressing process; and Wayne Smith (patient care services director), health care aide Val Johnson and radiology technician Robert Hermann washing down a 'contaminated victim' in the hospital's special decontamination shelter, while trainer Ken Gallant looks on. The shelter - which assembles in just minutes - has heated air and water systems that make it usable in most circumstances.

(From The Progress, June , 2007)